SECTION FOUR

LOCAL HEALTH AGENCIES AND BOARDS OF HEALTH

Initial Statement – Residents deserve a local public health system that supports local capacity to assess, plan, and implement local health improvements.

According to the American Public Health Association, by definition, public health is the practice of preventing disease and promoting good health within groups of people, from small communities to entire countries. Nationally and within lowa public health saves money and improves quality of life. A healthy public gets sick less frequently and spends less money on health care; this means better economic productivity and an improved quality of life for everyone. Importantly to all communities, improving public health helps children thrive and healthy children become healthy adults. Public health prevention programs educate people about the effects of lifestyle choices on their health. Public health also reduces the impact of disasters, by preparing people for the effects of catastrophes such as hurricanes, tornadoes and terrorist attacks ⁸⁶.

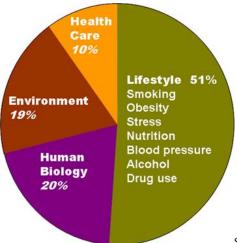
Nationally and in Iowa local health agencies are major influences in rural health. A 2008 profile by the National Association of County and City Health Officials (NACCHO), reported the majority of local health agencies are in and serving counties with less than 50,000 residents.

One of the most beneficial aspects of public health is; local health agencies have in-depth knowledge about their communities and traditionally maintain a high profile of involvement in matters that affect overall health. They are "in the trenches" and have close contact with residents. Local health agencies ability to approach the issues that determine good or bad health makes them an invaluable asset in health care reform provisions which address prevention and wellness.

Determinants of Health

Social Determinants of Health- the conditions in which people are born, grow, live, work and age, including the health system. They are shaped by the distribution of money, power and resources at global, national and local levels, which are influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries ⁸⁷.

Fifty percent of the determinants of health are due to behaviors; 20 percent to environmental factors; 20 percent to genetics; and only 10 percent to having access to medical care. In 2008 as a nation 96 percent of health expenditure was spent on medical services and only 4 percent on preventing disease and promoting health.



Source: Georgia Health Policy Center

The majority of the most costly health conditions are preventable, including obesity, diabetes, heart disease and asthma. The end result of unmanageable health behaviors is chronic disease. Chronic disease in our country is costly, human suffering is experienced in almost every family and the final outcome can be premature death.

Solutions

Investments in disease prevention could result in significant savings in U.S. health care costs. A recent report¹ finds that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent tobacco use could save more than \$16 billion annually within 5 years. This is a return on investment of \$5.60 for every \$1. The report focused on disease prevention programs that do not require medical care and target communities ⁸⁸. **In lowa** there could be a cost saving of \$214,300 in 10-12 years with the \$10 per person investment ⁸⁹.

The Iowa Department of Public Health (IDPH), local health agencies and boards of health often partner to deliver strategies that result in health promotion, disease prevention and mass public education. The levels of disease and risk prevention (primary, secondary and tertiary) allow numerous opportunities for public health professional and officials to help individuals to better health and ensure vital communities. See Table 1.

Table 1.

Level	Definition	Examples
Primary Prevention	Health promotion activities that prevent the actual occurrence of a specific illness or disease.	ImmunizationsHealth education about prevention illnessHand washing
Secondary Prevention	Promotes early detection of disease, thereby increasing opportunities for interventions to prevent the progression of the disease.	 Screening for a specific disease Treatment of hypertension to prevent complications Initiating dietary changes to prevent overweight/obesity
Tertiary Prevention	Directed towards recovery or rehabilitation of a disease or condition after the disease has been developed.	 Referring someone who had a stroke to rehabilitation Educating someone how to manage their diabetes

Source: Prevention Issue Brief – IDPH: Prevention and Chronic Care Management Advisory Council – October 2010

Moving Forward with Health Reform

Public Health and medical care organizations will begin to engage more frequently as the national health reform legislation provisions are implemented. Federal offices vision strategic frameworks to reduce the burden of multiple chronic conditions that involve public health systems. Four overarching goals are:

- 1. Foster health care and public health system changes to improve the health of individuals with multiple chronic conditions
- 2. Maximize the use of proven self-care management and other services by individuals with multiple chronic conditions
- 3. Provide better tools and information to health care, public health, and social services workers who deliver care to individuals with multiple chronic conditions
- 4. Facilitate research to fill knowledge gaps about, and interventions and systems to benefit, individuals with multiple chronic conditions ⁹⁰.

In Iowa 32 existing public health subcontracts are hospital based. As health reform implementation moves forward in Iowa, this unique arrangements allows medical care and public health entities to build on existing partnerships, operations and knowledge. This can be a distinct advantage to rural communities. See Table 2.

Table 2.

IOWA County (32)	Hospital Affiliated - Agency Name	
Adair County	Adair County Memorial Hospital / Home Care	
Allamakee County	Veterans Memorial Hospital Community and Home Care	
Benton County	Virginia Gay Hospital/ Home Health Agency	
Boone County	Home Care Services of Boone County Hospital	
Carroll Co	St Anthony's Home Health Agency	
Cass County	Cass County Memorial Hospital Home Care	
Cherokee County	Cherokee Regional Medical Center Home Choice/Hospice/Public Health Agency	
Clay County	Spencer Hospital Clay County Community Health	
Davis County	Davis County Hospital Home and Community Health	
Delaware County	Delaware County Community Health/Regional Medical Center	
Dickinson County	Dickinson County Public Health/Lakes Regional Health Center	
Fayette County	Palmer Lutheran Health Center/Palmer Home Health	
Fremont County	Southwest Iowa Home Health ServicesGrape Memorial Hospital	
Greene Co	Greene County Medical Center Public Health	
Grundy County	Grundy County Home Care Services/ Allen Hospital Branch	
Henry County	Henry County Health Center/Henry County Public Health	
Howard County	Regional Health Services of Howard County/Community Health Services	
Humboldt County	Humboldt County Hospital/Home Care Connections (
Ida County	Horn Memorial Hospital/Ida County Public Health	
Jackson County	Jackson County Public Hospital/Home and Community Health	
Jasper County	Skiff Medical Center/Jasper County Public Health	
Kossuth County	Community Health Kossuth Regional Health Center	

Mahaska County	Mahaska Health Partnership Community Health
Marshall County	Marshalltown Medical Surgical Center Home Care Plus
Muscatine County	Trinity-Muscatine
Osceola County	Osceola Community Health Services
Palo Alto County	Palo Alto Community Health Nursing Services
Plymouth County	Floyd Valley Community Health Services
Poweshiek County	Grinnell Regional Public Health and Home Care
Shelby County	Myrtue Memorial Hospital Home and Public Health
Story County	Mary Greeley Medical Center- HOMEWARD
Union County	Greater Regional Medical CenterOutreach Public Health Dept.

Both the Public Health and the Patient Protection and Affordable Care Act (ACA) include a number of provisions directed toward prevention and wellness initiatives:

- A National Prevention, Health Promotion and Public Health Council were created to provide coordination and leadership among agencies related to prevention and health promotion practices.
- A Prevention and Public Health Fund was established to provide an expanded and sustained national support for public health and prevention programs directed toward activities to prevent and control chronic diseases. It will be funded at \$7 billion from 2010 through 2015, and \$2 billion for each fiscal year after 2015.
- It allows insurers to create incentives for health promotion and disease prevention practices through significant premium discounts and encourages employers to provide wellness programs and provide premium discounts for employees who participate in these programs.
- It requires chain restaurants and vending machine food to disclose the nutritional content of each item.
- It appropriates \$25 million for the childhood obesity demonstration project, which was established through the Children's Health Insurance Program Reauthorization Act (CHIPRA).
- It also includes a "Creating Healthier Communities" grant program for health departments to implement various prevention initiatives to reduce chronic diseases and eliminate inequalities in health by race, ethnicity and socioeconomic status.

In Iowa through ACA 505,000 Medicare beneficiaries are eligible to receive preventative services and other benefits ⁹¹.

In Iowa

Public health services are especially important to the members of the public who have no other payment source, to the general public during time of disease outbreaks, and for counties with high numbers of vulnerable populations and high poverty levels. On a daily basis local public health staff, deliver a variety of medical care, home care, and health promotion and disease preventions services. Additionally public health agencies often serve as the facilitator for community initiatives, collaborations and partnerships.

The Iowa Department of Public Health Bureau of Local Public Health Services serves as an IDPH state liaison to local boards of health, and local public health providers. Originally, funding for the bureau was established by Iowa legislation to prevent inappropriate or early institutionalization of individuals. The IDPH contracts with each county board of health or board of supervisors to provide population-based and home care aide services. Public health nursing and home care aide services are available in every county. Currently there are six public health services regions. Each region has an assigned IDPH Regional Community Health Consultant who works with area agencies to promote and protect public health.

Lyon Osceola Dickinson Emmet Winnebago Worth Mitchell Howard Winneshiek Allamakee Region 3 Plymouth Cherokee Buena Vista Pocahontas Humboltt Wight Franklin Butler Formont Region 6 Jackson Jones Carroll Greene Boone Story Marshall Region 1 Polik Jasper Poweshiek Iowa Johnson Cedar Scott Muscatine Fremont Page Taylor Ringgold Decatur Wayne Appanoose Davis Van Buren Lee

Iowa Local Public Health Regions

The Bureau of Local Public Health Services promotes and supports development of public health infrastructure at the local and state level. This includes consultation by Regional Community Health Consultants with local boards of health and provision of technical assistance regarding the boards' role and responsibilities. Communities benefit through increased capacity

to plan and implement health promotion activities and education to get the people the information they need to make healthy choices. Through financial support, education, ongoing technical assistance and monitoring, the bureau supports the development and delivery of services that promote and protect the health of lowans and contribute to lowa being a "healthy community". The regional field staff assists the local boards of health and local public health agencies to develop quality and effective services that are community-driven, culturally appropriate and responsive to their Community Health Needs Assessment and Health Improvement Plan and consistent with federal or state regulations and/or funding requirements.

The Local Public Health Services Grant provides funding to each county for local programs that help Iowans engage in healthy behaviors, improve access to health services for those who "fall between the cracks" and often have no other options, and strengthen the public health infrastructure. The grant is considered "funder of last resort" and is utilized only when no other funding source exists.

Local Public Health Services activities include, but are not limited to:

- Communicable disease surveillance, investigation, and follow-up;
- Immunization clinics;
- Personal care and support services including home care aide and homemaker services
- Skilled nursing visits in the client's home;
- Screening services including blood pressure and blood glucose;
- Health education to community groups; and
- Prevention programs like fall prevention, bike safety, and home safety inventories.

Modernization of Public Health

Modernization is a partnership between state and local public health to advance the quality and performance of public health in Iowa through careful development and implementation of Public Health Standards. Iowa Legislation that builds on the Public Health Modernization Act was introduced by the Department of Public Health January 11, 2010. Legislation was signed by Governor Culver which detailed activities between the IDPH and county boards of health.

Modernizing Public Health in Iowa is a continuation of Redesigning Public Health in Iowa. Redesign focused on the development of the Iowa Public Health Standards, and developing a plan to implement those standards. Modernization in Iowa will focus on bringing about the actions described in the implementation plan. Both Redesign and Modernization are partnerships between local and state public health.

The Metrics subcommittee of the Public Health Advisory Council and Public Health Evaluation Committee developed metrics for the Iowa Public Health Standards. As the subcommittee is working they are clarifying standards to be sure that Iowa's standards align with the national standards developed by the Public Health Accreditation Board (PHAB).

Local Boards of Health

In 1866 the original Local Health Law designated the mayor and members of the town council or the township trustees in the rural areas as the local board of health. The law gave them the authority to establish regulations for public health and safety, to control nuisances, and to regulate sources of filth and causes of sickness in communities.

In 1967 Chapter 137 of the Code of Iowa marked the beginning of a new era of public health in Iowa. Each county was required to establish a five member local board of health with one member being a physician licensed by the state of Iowa. The county board of supervisors would appoint members to the local board. The law provided cities with populations greater than 25,000 with the option to establish a city board of health. Counties and cities could form district boards of health.

Local boards of health have responsibility for public health in their jurisdiction. They support local public health vision, mission, and advocacy and encourage community involvement in setting public health priorities. In addition, local boards of health have been given the responsibility to oversee utilization of the Local Public Health Services Contract.

Serving on a local board of health is an honorable and noteworthy task. The success of public health in meeting the challenges of the new millennium will depend on capable and dedicated leadership by the local boards of health.

CORE FUNCTIONS AND ESSENTIAL SERVICES OF A LOCAL BOARD OF HEALTH 92

Assessment:

- Monitor health status of the community to identify health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
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Policy Development:

- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Research for new insights and innovative solutions to health problems.

Assurance:

- Inform, educate and empower people about health issues.
- Mobilize community partnerships to identify and solve problems.
- Link people to needed personal health services and assure provision of health care when otherwise unavailable.
- Assure a competent public health and personal health care workforce

County Health Assessments

Every five years, local boards of health lead a community-wide discussion with stakeholders about their community's health needs and what might be done about them. This role not only is a standard in the Iowa Public Health Standards, it also is a Local Public Health Services Contract performance measure. A Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) report was due on February 26, 2011. Counties had the option of working together with other counties and submitting the report or completing the process as a single county. Materials, resources, and data to assist the counties were developed through discussion with a department oversight team, feedback from six local health agencies, regional meetings where the process was introduced, and input from the regional community health consultants ⁹³. The CHNA & HIP data from county officials were submitted to the Iowa Department of Public Health.

In addition to the CHNA & HIP, the 2010 County Health Rankings, the Robert Wood Johnson Foundation, the University of Wisconsin and the Population Health Institute ranks cities and counties in the 50 states on health factors and health outcomes. The report was released in March of 2011. "County Health Rankings Mobilizing Action Towards Community Health" ranked all 99 lows counties on health outcomes and health factors.

The Iowa report is available online at:

http://www.countyhealthrankings.org/sites/default/files/states/CHR2010 IA 0.pdf

The data for each county listed in the report is available online at: http://www.countyhealthrankings.org/iowa/data

IDPH and local boards of health utilize both reports to assess health needs and for strategic planning and policy purposes.

Local Health Agency and Board of Health Challenges

Home care services are a main income source for local health agencies. More recently health networks based in larger metropolitan areas, and Medicare managed networks are expanding to capture the home health care market leaving the local health agency with a depleting income source. Ideally these non-local organizations would share coverage opportunities and data which could result in more quality care and fewer redundancies and inefficiencies. Local health agencies are not prepared to compete for market share and spend money for advertising and public promotion.

As some county governments cope with internal budget deficits and growing requirements for their resources, the amount of funding and resources directed to public health and boards of health decreases. To compound the issue, counties are facing cuts in state and federal revenues.

With the implementation of health reform's disease prevention strategies, ideally an era of "we're all in this together" will predominate. State and large government agencies, medical and health care entities will more clearly understand the value of local health agencies. Then in accordance with capabilities and size, local health agencies can be utilized as partners in initiatives and projects. A stronger local health agency is not only beneficial to the health of the community; it also ensures the economic growth and cultural richness of rural lowa.

Summary

In lowa local boards of health and health agencies are vital to their communities. They collaborate with state agencies and with regional partners to improve health opportunities for their residents. Local health agencies play a significant role in the overall health status of resident and in some areas act as the health care safety net provider. It is vital that local health agencies be supported to sustain and implement future public health strategies in lowa.

Comment

To seize the opportunity to invest in health and reduce the economic burden of disease on the state will require creative leadership on the part of both public health officials and the medical health care sector. Continued efforts to provide the leadership and resources to address the underlying behavioral, social and environmental determinants of health will have a greater impact on lowa's health status.